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**FEES TRANSMITTAL
JAN 11 2005 FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$)

1,810.00

Complete if Known

| | |
|------------------------|-----------------|
| Application Number | 09/284,787 |
| Filing Date | August 16, 1999 |
| First Named Inventor | Thomas EMRICH |
| Group Art Unit | 1645 |
| Examiner Name | Robert A. Zeman |
| Attorney Docket Number | BMID9913US |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other Order None Other (please identify): _____

Deposit Account: Deposit Account Name

The Director is authorized to: (check all that apply)

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FEE CALCULATION:**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 300 | 150 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 500 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 100 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 300 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 500 | 0 | 0 | 0 | |
| | | | 0 | | | | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Small Entity Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
|---------------------|---------------------|-----------------|----------------------|----------------------------------|

-20 or HP = x =
 (HP = highest number of total claims paid for, if greater than 20)

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
|----------------------|---------------------|-----------------|----------------------|

-3 or HP = x =
 (HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
|---------------------|---------------------|---|-----------------|----------------------|

22 -100 = 0 / 50 = (round up to a whole number) x = Fee Paid (\$)**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other: RCE\$790.00Request for Extension of Time \$1,020.00**SUBMITTED BY:**

| | | | | | |
|---------------------------|--------------------------------------|--|--------|-------------------|----------------|
| <u>Name (Print/Type):</u> | Marilyn L. Amick, Customer No. 23690 | <u>Registration No.:</u> (Attorney/Agent) | 30,444 | <u>Telephone:</u> | (317) 521-7561 |
| <u>Signature:</u> | <i>Marilyn Amick</i> | | | <u>Date:</u> | <i>1/11/05</i> |

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WP18529US

MA/9-13-04

WP18529US

File/Case No.

3M109913US

Initials/Date: MA/9-13-04

Patent Trademark

Serial No. 09/284,787

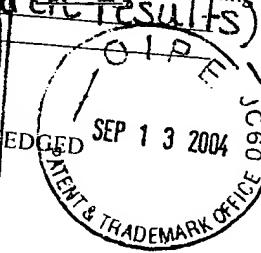
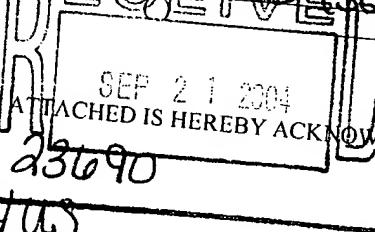
Applicant EMRICH et al.

General Appt. of Representative
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Application # _____ of pages
 Dep. Acct. Fee of \$ _____
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 Declaration & Power of Attorney
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 IDS/1449/Refs _____
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| Time In <i>3:00</i> | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day |
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